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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

RECEIVED E

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response . . . 16.00

OMB APPROVAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR 202 UNIFORM LIMITED OFFERING EXEMPTION Prefix Serial

DATE RECEIVED

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~ 0 7 0 0							
Name of Offering(check if this	is an amendment and na	me has changed, a	and indicate	change.)	Davinsi .		
Series A Preferred Stock and	l Common Stock Financin	g		y de la constant de l			
Filing Under (Check box(es) that apply	y): 🔲 Rule 504	☐ Rule 505	🛛 Rule	506 Section 4(6)	ULOE		
Type of Filing: New Filing	Amendment						
	A. BASIC	IDENTIFICATIO	N DATA		,		
1. Enter the information requested abo	out the issuer						
Name of Issuer (check if this is	s an amendment and name	has changed, and in	dicate change	:.)			
Containertrac, Inc.							
Address of Executive Offices	(Number and	d Street, City, State,	Zip Code)	Telephone Number (Including Area Code)			
3315 Claremont Avenue, Be	rkeley, CA 94705			510-332-2621	•		
Address of Principal Business Operation	ons (Number an	d Street, City, State,	Zip Code)	Telephone Number (Inclu	ding Area Code)		
(if different from Executive Offices) sa	ame as above			same as above			
Brief Description of Business			÷		PROCESSED		
Information Technology Hardware			ى		1190-		
			· · · · · · · · · · · · · · · · · · ·		APR 0 7 2005		
Type of Business Organization	—				ALV A . TODA		
corporation 🖂	limited partnership, a	already formed			THUMSON		
		/ .	∐ othe	r: limited liability company	FINANCIAL		
business trust	limited partnership, t				HAVIAOIVE		
		Month	Year	_	_		
Actual or Estimated Date of Incorpora	2	05	2000	⊠Actual	☐ Estimated		
Jurisdiction of Incorporation or Organ							
	CN f	for Canada: FN for o	other foreign i	urisdiction)			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) Larry Henry Business or Residence Address (Number and Street, City, State, Zip Code) c/o Containertrac, Inc., 3315 Claremont Ave., Berkeley, CA 94705 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Robert William Smith Business or Residence Address (Number and Street, City, State, Zip Code) c/o Containertrac, Inc., 3315 Claremont Ave., Berkeley, CA 94705 ☐ Promoter ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Robert Carson Business or Residence Address (Number and Street, City, State, Zip Code) c/o Containertrac, Inc., 3315 Claremont Ave., Berkeley, CA 94705 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nathan W. Bell (Number and Street, City, State, Zip Code) Business or Residence Address c/o Pacific Mezzanine Fund, 2200 Powell Street, Suite 1250, Emeryville, CA 94608 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) W. Brad Winegar Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pacific Mezzanine Fund, 2200 Powell Street, Suite 1250, Emeryville, CA 94608 ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Pacific Mezzanine Fund (Number and Street, City, State, Zip Code) Business or Residence Address 2200 Powell Street, Suite 1250, Emeryville, CA 94608 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. IN	FORMA	TION AB	OUT OF	FERING				
							-					Ye	es No
1.	Has the iss	suer sold, o	or does the	issuer inte	end to sell,	to non-ac	credited in	vestors in	this offeri	ng?			
				Answe	r also in A	ppendix,	Column 2,	if filing u	nder ULOI	Ξ.			
2.	What is the	e minimur	n investme	nt that wil	l be accept	ed from a	ny individu	ial?				\$_	17,000
					•							Y	
3.	Does the offering permit joint ownership of a single unit?											Г	
			-	-	_						ectly, any co		
	sion or sim	nilar remui d is an asso le broker o	neration for ociated per or dealer. I	r solicitation son or age f more tha	on of purc nt of a bro n five (5) p	hasers in c ker or dea persons to	onnection ler register	with sales ed with the	of securiti e SEC and	es in the or or with a s	ffering. If a state or state broker or de	person es, list the	
Full 1	Name (Las	t name fir	st, if indivi	dual)	,								
Busin	ness or Res	sidence Ac	ldress (Nu	mber and S	Street, City	, State, Zi	p Code)						-
Nam	e of Assoc	iated Brok	er or Deal	er									<u></u>
State	s in Which	Person I	isted Har 9	Solicited o	r Intende t	o Solicit P	urchasers						
											,		All States
	(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MM]	[MS]	[OM]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[TV]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	st name fir	st, if indiv	idual)									
Busi	ness or Res	sidence Ac	idress (Nu	mber and S	Street, City	, State, Zi	p Code)						*** +** · · · · · · · · · · · · · · · ·
Nam	e of Assoc	iated Brok	er or Deal	er				<u> </u>					· · · · · · · · · · · · · · · · · · ·
State	s in Which	n Person L	isted Has	Solicited o	r Intends t	o Solicit P	urchasers						
													All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[TM]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[AV]	[WA]	[WV]	[IW]	[WY]	[PR]
Full	Name (Las	st name fir	st, if indiv	idual)									
Busi	ness or Re	sidence A	ddress (Nu	mber and	Street, City	y, State, Zi	ip Code)						
Nam	e of Assoc	iated Brok	er or Deal	er				-					
	s in Which (Check "A												All States
	(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENS	ES A	ND USE OF PRO	CEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$_	
	Equity	\$	1,800,000	\$_	850,000
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)		-0-	\$	-0-
	Partnership Interests		-0-	\$_	-0-
	Other (Specify)		-0-	\$.	-0-
	Total	\$	1,800,000	\$_	850,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		4	\$_	850,000
	Non-accredited Investors		-0-	\$_	-0-
	Total (for filings under Rule 504 only)		n/a	\$_	n/a
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		Towns		Dellandon
	Type of Offering		Type of Security		Dellar Amount Sold
	Rule 505		n/a	\$	n/a
	Regulation A		n/a		n/a-
	Rule 504			\$	n/a-
	Total		N/a		n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			□ \$	0-
	Printing and Engraving Costs			□ \$ <u> </u>	0-
	Legal Fees	•••••		⊠ \$	10,000
	Accounting Fees			□ \$_	0-
	Engineering Fees			□ \$	0-
	Sales Commissions (specify finders' fees separately)			□ \$_	0-
	Other Expenses (identify) Finders' Fees			□ \$_	0-

■ \$ 40,000

	C. OFFERING, FRICE, NUMBER	OF INVESTORS, EXPENS	ES AND USE OF PRO	CEEDS
	b. Enter the difference between the aggregate price give Question 1 and total expenses furnished in response to I difference is the "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This		\$ 1,760,000
5.	Indicate below the amount of adjusted gross proceeds to to be used for each of the purposes shown. If the amount known, furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceed response to Part C - Question 4.b above.	ount for any purpose is not of the estimate. The total of	Payments To Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		\$0-	\$0
	Purchase of real estate		S0	\$ <u>-</u> 0-
	Purchase, rental or leasing and installation of machin	ery and equipment	S -0-	\$0-
	Construction or leasing of plant buildings and faciliti	ies	\$0-	\$ <u>-</u> 0-
	Acquisition of other businesses (including the value this offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another	□ \$0-	\$0-
	Repayment of indebtedness		□ \$0	
	Working capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S \$0-	■ \$ 1,760,000
	Other (specify):		\$ -0-	
	Column Totals Total Payments Listed (column totals added)		□ \$ <u>-0-</u> □ \$ <u>-0-</u>	\$0-
	Total Laymonts Elstea (column totals added)			700,000
	D.	FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the unde nature constitutes an undertaking by the issuer to furnish to formation furnished by the issuer to any non-accredited investors.	ersigned duly authorized perso the U.S. Securities and Excha	inge Commission, upon	
	uer (Print or Type) ntainertrac, Inc.	Signature Cally Hall	4	Date March 27, 2005
	me of Signer (Print or Type) rry Henry	Title of Signer (Print or Typ CEO	e)	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 prese of such rule?	ntly subject to any of the disqualification provisions	Yes No
	•	See Appendix, Column 5, for state response.	 -
2.	The undersigned issuer hereby undertakes to f (17 CFR 239.500) at such times as required by	urnish to any state administrator of any state in whi- state law.	ch this notice is filed, a notice on Form D
3.	The undersigned issuer hereby undertakes to fofferees.	urnish to the state administrators, upon written requ	est, information furnished by the issuer to
4.		uer is familiar with the conditions that must be satis ich this notice is filed and understands that the issuer ons have been satisfied.	
	e issuer has read this notification and knows the ly authorized person.	contents to be true and has duly caused this notice to	be signed on its behalf by the undersigned
	uer (Print or Type) ntainertrac, Inc.	Signature Will Hell	Date March 27, 2005
	me of Signer (Print or Type)	Title of Signer (Print or Type) CEO	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 1				Ι		4				
1		2	3			4		Disqual	5 ification	
			Type of security					Under State ULOE		
		to sell	and aggregate					(if yes, attach		
		s in State	offering price offered in state		Type of investor and amount purchased in State				explanation of	
		In State I-Item 1)	(Part C-Item 1)		amount pur (Part)	C-Item 2)		Walver (Part F	granted -Item 1)	
	(1 411 2	1.0	Series A Preferred	Number of	(1 411	Number of		(Turt D	Territ 1)	
	Yes	No	Stock and	Accredited		Non-				
State			Common Stock	Investors	Amount	Accredited	Amount	. Yes	No	
						Investors				
AL										
AK										
AZ										
AR										
CA		Х	\$1,800,000	4	\$850,000	0	0		X	
СО										
СТ										
DE										
DC							<u> </u>			
FL										
GA										
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
MO	-				†	1	†	1	 	

APPENDIX

		2	1 2			4			
1	Intendent to non-a investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No	Series A Preferred Stock and Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
IL									
NE									
NV	-								-
NH									
NJ						NAME OF THE PARTY	THE RESERVE OF THE STATE OF THE		
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI							_		
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									
	<u> </u>			<u> </u>]			